

FOND DU LAC COUNTY DEPARTMENT OF SOCIAL SERVICES

87 Vincent Street, Fond du Lac, WI 54935

Please print and complete form. Mail to Fond du Lac County Dept. of Social Services

Attn: Records Technician

Request for Access to Protected Health Information

Requester Name:

Address:

City

State

Zip

Phone Number:

Type of Records:

I, _____, hereby request a copy of my health information from Fond du Lac County Department of Social Services for the period of _____.

I understand that I may access my health information through any of the following methods. Please check the desired method:

I prefer to inspect and/or copy the requested information in person and will arrange for a mutually convenient time to come to Fond du Lac County Department of Social Services by calling the Records Clerk in the Business Office at (920) 929-7116.

I prefer to have the requested information copied and mailed to me at the following address and understand that I will be responsible for paying a copy fee of \$0.30 per page.

Signature of requester

Date

* You will be contacted at the above phone number for confirmation that your record request was received in our agency.